**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/657,258
Filing Date	September 7, 2000
First Named Inventor	
Art Unit	2184
Examiner Name	Michael C. Maskulinski
Attorney Docket Number	019417-000111US

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input checked="" type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

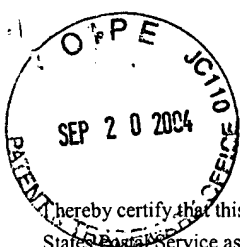
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 41,797
	Gerald T. Gray	
Signature	<i>Gerald T. Gray</i>	
Date	September 16, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Sylvia E. Arnold		
Signature	<i>Sylvia E. Arnold</i>	Date	September 16, 2004



2184 \$

[Handwritten signature]

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PATENT
Attorney Docket No.: 019417-000111US

Commissioner for Patents
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Alexandria, VA 22313-1450

On September 16, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: *[Handwritten signature: Sylvia E. Arnold]*
Sylvia E. Arnold

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

William P. Brown et al.

Application No.: 09/657,258

Filed: September 7, 2000

For: METHODS AND SYSTEMS FOR
IMPLEMENTING SHARED DISK
ARRAY MANAGEMENT FUNCTIONS

Customer No.: 20350

Confirmation No. 3890

Examiner: Michael C. Maskulinski

Technology Center/Art Unit: 2184

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 16, 2004, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.